

## **SARS-CoV-2 Testing for Coronavirus Disease 2019 (COVID-19) Update May 1, 2021**

This NJ PHEL Supplemental Technical Bulletin 20.2 supersedes NJ PHEL Technical Bulletin 20.1.5 providing updated guidance regarding laboratory testing for SARS-CoV-2 (the virus that causes COVID-19), including revised updated submission guidance for diagnostic specimens, and information concerning variant surveillance.

**Testing for SARS -CoV-2 will only be performed on specimens collected from patients who meet the current criteria for testing put forth by New Jersey's Communicable Disease Service.** Turn-around time for testing will be dependent on testing volumes. Information about the interpretations of findings per EUA guidelines will accompany the test result.

### **Update: Submission of Samples for Variant Identification and Surveillance**

#### **New in this update:**

- Multiple variants of the virus that cause COVID-19 have been circulating both in the United States and globally during this pandemic. Variants of note are divided into three categories as defined by CDC:
  - Variant of interest
  - Variant of concern
  - Variant of high consequence

A complete listing of priority variants identified by the CDC can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/variant-surveillance/variant-info.html>

- Samples for SARS-CoV-2 Variant Identification (via whole genome sequencing) may be submitted to PHEL if they meet one of the four criteria described in the 'Instructions for Submission of Samples for Variant Identification and Surveillance' section in this bulletin below.
- Contact your local health department to notify them of possible outbreak or vaccine breakthrough cases, enter relevant epidemiological data into CDRSS and ensure that the case meets the case definition prior to sending a sample to PHEL.
- Individual laboratory reports from SARS-CoV-2 variant identification testing will not be returned to the provider for patient samples, as these are submitted for epidemiological or surveillance purposes only. Providers may contact local health departments to discuss sequencing findings or further public health action to take.
- Select facilities may request or be asked to participate in submitting routine surveillance samples other than the four criteria defined below in order to assist in statewide surveillance initiatives. Instructions for how to submit surveillance samples will be provided separately to these facilities. If you are interested in participating, please contact [SARS.Sequencing@doh.nj.gov](mailto:SARS.Sequencing@doh.nj.gov)
- Any questions related to variant sequencing testing or results can be addressed to [SARS.Sequencing@doh.nj.gov](mailto:SARS.Sequencing@doh.nj.gov). General testing questions can be directed to [Virology.PHEL@doh.nj.gov](mailto:Virology.PHEL@doh.nj.gov)

## **Instructions for Submission of Samples for Variant Identification and Surveillance**

**NJDOH requests specimens be sent for sequencing ONLY if they meet one of the following criteria:**

**Criteria #1: Recent travel** to and/or from countries outside the United States that have reported the B.1.351, P.1, or other emerging variant of concern not currently circulating in the United States, or close contacts of cases associated with such travel

**Criteria #2: Suspected reinfection** (recurrence of symptoms) and positive test result >90 days after the initial RT-PCR positive test result (not antigen or serology)

**Criteria #3:** Cases associated with an **outbreak or cluster** of concern

**Criteria #4: Vaccine breakthrough** case defined as a U.S. resident who has SARS-CoV-2 RNA or antigen detected on a respiratory specimen collected >14 days after completing the primary series of an FDA-authorized COVID-19 vaccine.

\*Note: If residual post vaccination or acute serum is available on vaccine breakthrough cases a sample may also be submitted for SARS-CoV-2 IgG serology

**This testing is being performed for epidemiological surveillance purposes only. Per current CMS guidelines individual patient results will not be reported to submitters** (For more information refer to CMS FAQ here: <https://www.cms.gov/files/document/clia-sars-cov-2-variant.pdf>)

- If a variant of concern is identified, results will be reported to state and local public health agencies. Local public health agencies may inform providers of results for public health follow up as appropriate
- Due to limited sequencing capacity, only a subset of the submitted specimens may be sequenced.

### **How to submit specimens for sequencing to PHEL:**

1. Refer to the PHEL Technical Bulletin below for general guidance on specimen collection, labeling, storage, and shipping.
2. Submit only specimens with an RT-PCR Ct value of <28, if known/available
3. Store respiratory specimens at 2-8°C for up to 72 hours after collection. If a delay in testing or shipping is expected, specimens must be stored at -70°C or below and shipped on dry ice.
  - If samples have been refrigerated for greater than 72 hours after time of collection, consider collecting a new specimen for submission.
  - Samples not on dry ice received more than 72 hours after collection will be rejected.
4. Fill out an SRD-1 form for **each** specimen submitted as follows:
  1. Check other category and write-in SARS-CoV-2 RNA Sequencing for the test requested

Surveillance* on Panel	<input type="checkbox"/> <b>Reference Laboratory*:</b>	<b>Zika Testing</b>
	Lab: _____	80080/82/84 <input type="checkbox"/> Zik
	Test: _____	80092/94 <input type="checkbox"/> Zik
		80020/50/60 <input type="checkbox"/> Ne
	<input checked="" type="checkbox"/> <b>Other*:</b> Specify	80090 <input type="checkbox"/> Fol
	SARS-CoV-2 RNA Sequencing	80050/65 <input type="checkbox"/> Am
		* Specimen sub

See Instructions for SRD-1 Form

**2. CLEARLY INDICATE the criteria for submission above (#1-4) in the pertinent clinical information section (examples below)**

- Criteria #1 and #2 may be submitted without pre-approval
- Criteria #3 and #4- **Contact the local health department** to notify of a possible case (A directory of local health departments is available at [www.localhealth.nj.gov](http://www.localhealth.nj.gov).)

<b>PROCESSING DE</b>	History of recent international travel? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<b>Pregnancy Status</b> <input type="checkbox"/> Pregnant <input type="checkbox"/> Unknown <input type="checkbox"/> Not Pregnant <input type="checkbox"/> Not Applicable		<b>Hospitalization Status</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Emergency Department <input type="checkbox"/> Unknown		<b>ICU</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<b>Admission Date</b>	
	Where (Countries): Brazil									
	Dates of Travel: 4/30/21 to 5/3/21									
	Symptom Onset Date:		<b>Pertinent Clinical Information (brief history, clinical findings, relevant lab data)</b> <b>Criteria #1: Travel history</b>							
	Relevant Treatment:		Date:		Relevant Immunizations:		Date:			

<b>ID PROCESSING</b>	Dates of Travel: to		<input type="checkbox"/> Not Pregnant <input type="checkbox"/> Not Applicable		<input type="checkbox"/> Emergency Department <input type="checkbox"/> Unknown		<input type="checkbox"/> ICU <input type="checkbox"/> Unknown				
	Symptom Onset Date:		<b>Pertinent Clinical Information (brief history, clinical findings, relevant lab data)</b> <b>Criteria #4: Vaccine breakthrough</b>								
	Relevant Treatment:		Date:		Relevant Immunizations: Pfizer, 2nd shot		Date: 1/24/21				

**3. If known, write the original testing laboratory's specimen ID number in the Specimen ID field**

<b>LEGIBLY AND COMPLETELY</b>	Email Address		Patient ID No.		Email Address		Patient ID No.	
	<b>Specimen Information</b>							
	Specimen ID Original SID#-xxxxx		Collection Date		Time <input type="checkbox"/> AM <input type="checkbox"/> PM		NJDOH TEST CODE	
	<b>Specimen Type</b> <input type="checkbox"/> Serum <input type="checkbox"/> Bronchoalveolar Lavage/Wash <input type="checkbox"/> Stool <input type="checkbox"/> Plasma (EDTA) <input type="checkbox"/> Sputum <input type="checkbox"/> Biopsy/Autopsy <input type="checkbox"/> CSF <input type="checkbox"/> Swab (specify) <input type="checkbox"/> Fixed Tissue <input type="checkbox"/> Nasal Wash <input type="checkbox"/> Lesion/Vesicle Aspirate <input type="checkbox"/> Frozen Tissue							

**4. If applicable, include the CDRSS case number, outbreak number (E#) or investigation number (I#)**

<b>Patient Information</b>							
Patient Name (Last, First, MI) (Must exactly match the name on the specimen)				Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		Date of Birth	
						CDRSS Number (if applicable) 12344555	
Patient Address (Street, Apt. #)				City		State	
						Zip Code	
Ethnicity <input type="checkbox"/> Hispanic or Latino				Race <input type="checkbox"/> White		Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Unknown	
						Telephone Number	
						Outbreak # (if applicable) E-123456	

- Send an email to [SARS.Sequencing@doh.nj.gov](mailto:SARS.Sequencing@doh.nj.gov) upon shipping a specimen for sequencing with the number of samples being shipped, reason for shipping and estimated date/time of delivery.

**References and Resources:**

<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/variant-surveillance/variant-info.html> (CDC variant definitions)

<https://covid.cdc.gov/covid-data-tracker/#variant-proportions> (Proportions of cases caused by variants)

### **Guidance for Specimen Collection, Labeling, Storage and Shipping:**

For diagnostic testing for COVID-19, CDC recommends collecting and testing an upper respiratory specimen.

#### **Acceptable specimen types include:**

- A nasopharyngeal (NP) or oropharyngeal swab collected by a healthcare professional
- Nasopharyngeal wash/aspirate, nasal wash/aspirate, tracheal aspirate or bronchoalveolar lavage collected by a healthcare professional
- A nasal mid-turbinate (NMT) swab collected by a healthcare professional or by onsite self-collection (using a flocked tapered swab)
- An anterior nares specimen collected by a healthcare professional or by onsite self-collection (using a round foam swab). For NS, a single polyester swab with a plastic shaft should be used to sample both nares.

#### **Swabs should be placed in a transport tube containing either viral transport medium, Amies transport medium, or sterile saline.**

- Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing. Place swabs immediately into sterile tubes containing 1-3 ml of viral transport media.
- PHEL does not accept saliva or sputum as an acceptable specimen type for testing
- Maintain [proper infection control](#) when collecting specimens. Refer to the CDC guidelines on specimen collection for further details: <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>

#### **Refrigerate specimens at 2-8°C for up to 72 hours post-collection. Ship specimens with frozen cold packs to maintain 2-8°C.**

- If delivery will occur more than 72 hours after collection, specimen should be frozen at -70°C or below and ship on dry ice

#### **Label each specimen with the patient's name and date of birth. A completed SRD-1 submission form should accompany each specimen**

1. Complete an [SRD-1](#) form for each specimen submitted. Fill out the form as completely as possible.
2. Ensure the patient name and DOB matches the specimen label exactly.
3. Record date and time of collection and specimen type.
4. Check the appropriate test type for the specimen requested
5. Make sure all physician and clinical laboratory information is accurate to avoid delays in reporting.

**Specimen Rejection Criteria:**

- **Specimens >72 hrs. old that are not received frozen on dry ice**
- **Incomplete specimen labeling or documentation (specimens MUST have an accompanying SRD-1 form with two patient identifiers that match the specimen label.**
- **Specimen leaked from container during transit**
- **Insufficient specimen volume for testing**
- **Inappropriate specimen type**

**Packaging and Shipping:**

1. Package, ship and transport specimens as Category B Infectious Substances according to International Air Transport Association (IATA) Packaging Instruction 650.
2. Ship refrigerated specimens for overnight (24 hour) delivery to NJ PHEL on frozen cold packs.
3. If a specimen is frozen at -70°C, ship specimens for overnight (24 hour) delivery on dry ice.
4. Arrange for shipments to arrive between the hours of 8am to 5pm on Monday-Friday to the following address:

**New Jersey Department of Health  
Public Health and Environmental Laboratories  
3 Schwarzkopf Drive Ewing, NJ 08628  
ATTN: SPECIMEN RECEIVING: CoV-2**

5. Additional useful and detailed information on packing, shipping, and transporting specimens can be found at [Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with 2019 Novel Coronavirus \(2019-nCoV\)](#).
6. If there are questions regarding how to submit specimens to the laboratory or to arrange for Friday, Saturday, Sunday or holiday delivery, please contact the laboratory at Tel: (609)-530-8387 or Email: [Virology.PHEL@doh.nj.gov](mailto:Virology.PHEL@doh.nj.gov)

**Expected Turn Around Times for SARS-CoV-2 Testing Performed at NJ PHEL**

The optimal turnaround time based on concurrent testing volumes is within 24 hours for samples received and accessioned before 2:30 pm on weekdays.

If specimens are received after 2:30pm on Friday or over a weekend/holiday, the expected turnaround may not be until COB on the following Monday

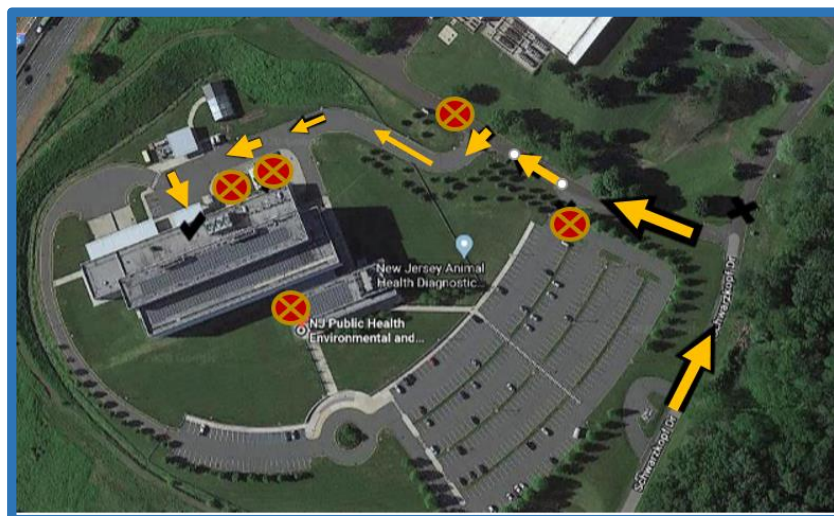
**For Weekend/After-Hours Specimen Arrivals**

***Providers are encouraged to assure that your shipments arrive during regular business hours (Monday - Friday 8AM- 5PM).*** Although special provisions to receive specimens after hours are discouraged, the NJPHEL recognizes that under emergency conditions this may be required. There is a refrigerator located outside the receiving laboratory where specimens can be dropped off during off-hours (see directions below).

If delivery is required to occur after-hours or on weekends/holidays, please contact the receiving laboratory Tel: (609)-530-8387 or Email: [Virology.PHEL@doh.nj.gov](mailto:Virology.PHEL@doh.nj.gov) to arrange delivery.

### **Instructions for Deliveries to PHEL via Private Courier**

1. Use **GPS address of 1040 River Road**, which brings the driver to main gate of NJ State Police.
2. The side gate is closed on weekdays after 6pm and all day on weekends. The guard should be able to direct the driver to our building (5-story glass building- toward the back of the campus and the largest building- follow the yellow signs for PHEAL).
3. Once on the State Police HQ Campus (GPS: 1040 River Rd. Ewing, NJ) and approaching the PHEAL building (5-story glass building), follow signs directing deliveries to the BACK of the building. DO NOT DELIVER SAMPLES TO THE FRONT ENTRANCE.
4. Press the button at the liftgate and speak with security to be allowed through.
5. Follow the road along the back of the building to the loading dock. The loading dock is at the end of the building. **DO NOT STOP HALFWAY** to deliver the specimens to the agriculture door or refrigerator that is signified by the Red-X on the map below. Drive past the green house on the right and proceed to the loading dock at the end.
6. Park and walk into the building through gray doors marked by the check mark on the map.
7. Once in the building, drivers will use the phone in the hallway to call 364. Specimen receiving staff will answer the phone and come out to receive the specimens during normal business hours.
8. If there is no answer or it is outside of normal working hours (8:00-5:00), they are to deliver the specimens to the refrigerator in this hallway (the fridge is white and has a double door).  
**\*There is a sign near the phone as to the number to call, and a sign on the refrigerator that it is where the coronavirus specimens should be placed when delivered.**
9. If delivery persons are unsure of the delivery location, they should call 609-530-8387 to speak with specimen receiving staff.





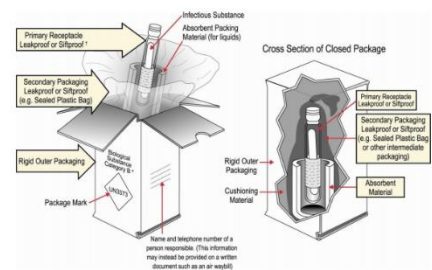
## **NOTES ON PACKAGING AND SHIPPING CATEGORY B INFECTIOUS SUBSTANCES**

### **[USDOT Link to Category B Packaging Instruction 49 CFR 173.199](#)**

Above is a link to the USDOT packaging instruction for Category B Infectious Substances. The proper shipping name is "Biological Substance, Category B (UN3373)". The proper shipping name and number **MUST** appear on all paperwork and on the outside of the package. UN diamond shaped certified USDOT hazardous substance labels **MUST** be used on the outer package on the overpack, if an overpack is required.

1. **No training certification is required for shippers if only shipping Category B.** The regulations do require that the shipper follow IATA 650 or USDOT 173.199 packaging instructions. If a shipper ships both Category A and B, they must be certified every 2 years.
2. **Category B packaging instruction from USDOT 173.199 (link) is the same as IATA packaging instruction 650 EXCEPT that for AIR carriage the following also applies:**
  - a. **Airway bill - as well as the outer packaging must contain the words "Biological Substance, Category B (UN 3373)"** Proper shipping name and UN number.
  - b. **There are volume limits if transporting by air.** The primary receptacle must be leakproof and not contain more than 1L. If using an Overpack, the outer packaging must not contain more than 4 L.
  - c. **The primary container or secondary packaging must be able to withstand changes in air pressure of 95 kPa.** These can be the Tyvek bags which are marked as such OR, you can use the Category A packaging kit, which contains a secondary screwcap container which is certified for air transport.
  - d. **If it is necessary to ship on dry ice, the dry ice packaging instructions for air also apply** (volume limits for ground and air differ) Dry ice packaging instructions do NOT apply to frozen cold packs. Use of a refrigerated or frozen outer container is required for both frozen cold packs and dry ice, but dry ice is a Dangerous Good, just like Category A, and requires a UN Certified packaging, marking and labelling, so best to use the Category A kit for dry ice marked Class 6.2, even if shipping Category B.
3. **NOTE: No Shippers Declaration of Dangerous Goods is required for Category B or dry ice (if a specific protocol suggests use of dry ice).** The weight of the dry ice, and the proper shipping name and UN numbers must appear on the airway bill and must not exceed 2.3 Kg (5 pounds).

UN 3373 Category B schematic for packaging



CDC Website:

<https://www.cdc.gov/coronavirus/mers/downloads/lab/UN3373-packaging-schema.pdf>

**If it is necessary to use dry ice Overpack label:**

<https://www.cdc.gov/coronavirus/mers/downloads/lab/UN3373-label-dry-ice.pdf>

### **Important Links:**

- For information about the CDC laboratory assay : <https://www.cdc.gov/coronavirus/2019-nCoV/lab/index.html>
- For LABORATORY questions regarding SARS-CoV2 testing at NJ PHEL: Email the PHEL Virology Team at: [Virology.PHEL@doh.nj.gov](mailto:Virology.PHEL@doh.nj.gov) or visit the PHEL webpage at <http://www.nj.gov/health/phel/>
- For general NJPHEL information, call: (609)-530-8516 Monday-Friday, 9:00AM to 5:00 PM.
- For CLINICAL guidance, see the NJDOH Communicable Disease Service Coronavirus webpage: <https://www.nj.gov/health/cd/topics/ncov.shtml>
- Interim Biosafety Guidelines for Handling and Processing Laboratory Specimens (CDC):<https://www.cdc.gov/coronavirus/2019-nCoV/lab/lab-biosafety-guidelines.html>
- Interim guidelines for packaging and shipping <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>
- Link to CDC Form 50.34: <https://www.cdc.gov/laboratory/specimen-submission/form.html>  
\* On the top left pick “Human” from the “Specimen origin” dropdown menu, Then in the upper right hand section of the form, choose NJ-PHEL from the “Institution name” dropdown menu.
- Link to NJ PHEL SRD-1 Form: <https://www.nj.gov/health/forms/srd-1.pdf>